

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009550

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 57

VS 300
Rev. 4/59

1 1007

2 1007

3

4 0

5 1

6

7 0

8 0

9 420.1

10

11

12 1-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY **SCOTT**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Sikeston**

Length of stay in 1b
20 MIN.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Mo. Delta Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo** b. COUNTY **SCOTT**

c. CITY OR TOWN **Sikeston Mo** Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
804 S. MAIN Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **Jesse**

Middle **FREDA ANDROS**

4. DATE OF DEATH
Month **MARCH** Day **7** Year **1962**

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
7-12-1907

9. AGE (last birthday)
54

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LAUNDRY OPERATOR + PLUMBER

10b. KIND OF BUSINESS OR INDUSTRY

LAUNDRY + PLUMBING

11. BIRTHPLACE (City and state or country)

NEW MADRID Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

GEO. Louis ANDROS

13b. MOTHER'S MAIDEN NAME

ANNA BELLE CLEVELAND

14. NAME OF HUSBAND OR WIFE

Ruby L. Andrew

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mr. Ruby L. Andrew, Sikeston Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY.
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **March 7, 1962** to **March 7, 1962** and last saw **her** alive on **March 7, 1962**
Death occurred at **9:05 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wm. C. Cutchlow M.D.

22b. ADDRESS

Sikeston, Mo

22c. DATE SIGNED

March 7, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

3-9-62

23c. NAME OF CEMETERY OR CREMATORY

MEMORIAL PARK

23d. LOCATION (City, town, or county)

Sikeston Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Welch Funeral Home-Sikeston, Mo

25. DATE RECD. BY LOCAL REG.

March 8-1962

26. REGISTRAR'S SIGNATURE

Janette Wagoner

Reg. A.W.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MAR 16 1962

MAR 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond Lewis

Licensed Embalmer No.

3467

P. O. Address

Litton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.